

## Instructions for Safety Assessment Exercise

You have completed the USP and Reunification Assessment on the scenario case. You have determined there is partial/partial compliance in this case. Based on policy, you must now complete a Safety Assessment. Read your scenario and then determine what safety factors, if any, would be affected. If a safety factor is not addressed in the scenario, you may assume that factor is not a safety concern for that case.

## **Scenario #1**

Jimmy and Jason are 4 years old. These boys are twins who were living with their mother, Ann, and her LTP, Tim. One day, Jason wet his pants and Tim grabbed his arm and spanked him with a wooden paddle. Holding his arm while spanking him resulted in Jason's arm being broken by Tim. Jimmy attempted to help Jason while he was being injured and received a spanking as well. Jimmy had bruising on his buttocks and back upper portion of his legs. CPS was called and did an investigation. The boys were then placed in foster care at the Ball foster home. They have been there for 4 months. Ann continues to live with Tim and refuses to leave him or kick him out. She has been attending visitations as scheduled and her interaction with the boys is very good in this supervised setting. Ann has also attended parenting classes and is showing some new skills she has learned from these classes. She did receive a certificate for attending all but one of the parenting classes. Tim attended three of the 8 parenting classes. He has attended visitations an average of once a month. He did attend a psychological evaluation but has not followed through with any follow up therapy appointments.

## **Scenario #2**

Kelly lived with her mother, Sherri, and her mother's boyfriend, Roy. Kelly told her teacher that Roy was touching her and making her participate in sexual activity with him. CPS has started an investigation and removed Kelly from the home. As you are reviewing the case, you discover Sherri had previous CPS involvement. Sherri had a different LTP who had physically abused Kelly 2 years ago. Kelly had been removed from her mother's care then and did not return to her mother for over a year. Kelly has been adjusting to foster care fairly well. She has been visiting with her mother on a weekly basis. Sherri is always on time for visits and is very appropriate during visit time. She does show an interest in Kelly and what is happening with her at school and at the foster home. At the last visit, Sherri asked if she could take Kelly out to dinner for a future visit. As this request was being considered, the visit supervisor overheard Sherri tell Kelly that she was trying to get some time alone with her. She whispered to Kelly that she and Roy were planning to take Kelly to Florida with them if they had the chance. Kelly verified this information with you following the visit. She does not want to live with Roy ever again.

### **Scenario #3**

Alan is 6 months old. He lives with his mother, Jan. Alan was seen by his pediatrician for his well baby check and the physician noted bruising on his neck and back. When asked what had happened, Jan said Alan had rolled off the couch onto the floor. She stated he was lying on his back on the couch and rolled onto the floor. The doctor notified CPS of his concerns about this child. The doctor says the explanation of this injury is very unlikely, nearly impossible. He says it is very rare for a baby this age to become bruised on the neck in an accidental manner. Jan maintains Alan just “has a little bruise” and says she does not understand why everyone is making such a “big deal about it.” She says Alan is “a pain in the butt” and “he is always crying and getting on my nerves.” She also says Alan is “slow” and she doesn’t understand why he isn’t starting to walk yet. She says she keeps hoping he will “grow up” and “stop being such a baby.” At the visits, Alan will immediately start crying and fussing upon seeing Jan. He is not consoled easily and generally spends half the visiting time in a state of upset. He will sometimes cry until he becomes physically ill. Jan will react to this crying but telling him he is a “little brat” and that she “can hardly stand the sight of” him. Following the visits, foster mom reports Alan will wake up often during the night crying and wanting to be held. This usually subsides after a day or two but returns following the next visit.

## Scenario #4

Sissy is a 2 year old. She lives with her mother, Patty. A neighbor called CPS as this child is outside alone much of the time. When CPS went out to investigate, they found the child in the road. Witnesses report she had been unsupervised outside for the past 2 hours. CPS had to call law enforcement to assist, as they could not rouse Patty. When law enforcement came to the door, Patty answered after repeated knocking. She said she had fallen asleep. She did not know where Sissy was when she was asked. She said the boy down the street was supposed to watch her. She did not know his name and thought he might be 8 years old. Upon entering the home, CPS found that the home was filthy. There was animal feces all over the floor. Dirty dishes were piled in the sink. A dead raccoon was on the front porch of the trailer. Patty had no running water in the home and she had run out of fuel to heat the home. Sissy was outside in her underwear and CPS were only able to locate two pairs of pants and two shirts for Sissy. A partial gallon of milk in the refrigerator was spoiled. There were two cans of corn in the cupboard. The freezer was empty. Sissy was removed at that time and placed in foster care. Patty is attending most of her visits and does seem to be happy to see her child during this time. She has attended two parenting classes and has scheduled a psychological evaluation. She recently received an eviction notice for the trailer. The conditions at the trailer have improved only slightly. Patty still has little food in the home and the home is still not heated and has no running water. Patty has picked up some of the animal feces but there is still some in the home.

## **Scenario #5**

Jesse lives with his father, Dan. Jesse is 7 years old and he is in the 2<sup>nd</sup> grade. When Dan was dropping Jesse off at school today, he began yelling at Jesse in the hallway. A number of teachers overheard him screaming at his child. Jesse told his teachers that his dad has a gun and has held the gun to Jesse's head when he is being bad. Dan has told Jesse that he is the "son of Satan" and that he needs to be punished for being so evil. The teachers reported this incident to CPS. CPS investigated and removed Jesse from Dan's care. Dan is addicted to cocaine and has tested positive for cocaine twice in the past 4 months. He says he gets angry with Jesse when he is using. He has attended a substance abuse evaluation and has scheduled follow up treatment. He has also attended a psychological evaluation. He has been diagnosed with Paranoid Schizophrenia. Dan says he doesn't think he needs any medication and he does not want to take "a bunch of pills that will mess with my head." Dan has attended most of the visits with Jesse and does fairly well during those visits. He has started to attend parenting classes as they just began last week.

## **Answer Key**

### **Scenario #1**

Trainees should identify safety factors:

#1- Caretaker caused serious physical harm to a child....serious injury or abuse to child other than accidental and excessive discipline or physical force

#3- Caretaker failed to protect children from serious physical harm... perpetrator continues to have access...

### **Scenario #2**

Trainees should identify safety factors:

#2- Caretaker has previously maltreated a child in their care...prior removal of any child...Prior CPS substantiation

#5- The caretaker refuses access to the child....reason to believe the caretaker is about to flee...

#13- Child sexual abuse is suspected or confirmed

### **Scenario #3**

Trainees should identify safety factors:

#4- Explanation of the injury is unconvincing...minimizes extent of harm

#6- Child is fearful of caretaker.... Child cries, exhibits fear in caretakers presence

#12- Caretaker describes child in predominantly negative terms or has extremely unrealistic expectations

## **Scenario #4**

Trainees should identify safety factors:

#7- Caretaker is unwilling or unable to provide supervision necessary to protect child from potentially serious harm

#8- Caretaker is unwilling or unable to meet the child's immediate need for food, clothing, shelter...

#9- Caretaker's physical living conditions are hazardous and immediately threatening to a child

## **Scenario #5**

Trainees should identify safety factors:

#10- Caretaker's substance abuse seriously affects his ability to currently supervise, protect, or care for the child

#11- Caretaker is violent or out of control...hostile outbursts at child.

#14- Caretaker's emotional stability seriously affects current ability to supervise, protect, or care for the child... refuses prescribed medication...distorted perception of reality...